



## Application Data Sheet

### Application Information

Application number:: 10/630,223  
Filing Date:: 07/30/03  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: CHIMERIC MULTIVALENT POLYSACCHARIDE  
CONJUGATE VACCINES  
Attorney Docket Number:: 20695C-001410US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 13  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given Name:: Francis  
Middle Name::  
Family Name:: Michon  
Name Suffix::  
City of Residence:: Bethesda  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 4401 Rosedale Avenue  
City of Mailing Address:: Bethesda  
State or Province of mailing address:: MD  
Country of mailing address::  
Postal or Zip Code of mailing address:: 20814

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name::  
Family Name:: Kim  
Name Suffix::  
City of Residence:: Arbutus  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of Mailing Address:: 1203 June Road  
City of Mailing Address:: Arbutus  
State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 21227

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Arun

Middle Name::

Family Name:: Sarkar

Name Suffix::

City of Residence:: Olney

State or Province of Residence:: MD

Country of Residence:: US

Street of Mailing Address:: 2559 Little Vista Terrace

City of Mailing Address:: Olney

State or Province of mailing address:: MD

Country of mailing address::

Postal or Zip Code of mailing address:: 20832

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Catherine

Middle Name::

Family Name:: Uitz

Name Suffix::

City of Residence:: Arlington

State or Province of Residence:: VA

Country of Residence:: US

Street of Mailing Address:: 4126 N. 34th Road

City of Mailing Address:: Arlington

State or Province of mailing address:: VA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 22207

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/399,949	07/30/02

### **Foreign Priority Information**

Country::	Application number::	Filing Date::
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### **Assignee Information**

Assignee Name::  
Street of mailing address::  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::